DOCUMENT RESUME

ED 332 131 CG 023 389

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TITLE Mother-Child Interactions in Families of Depressed Women.
PUB DATE Apr 91
NOTE 11p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Seattle, WA, April 18-21, 1991).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Children; *Depression (Psychology); *Family Characteristics; Family Problems; Longitudinal Studies; *Mental Disorders; *Mothers; Parent Child Relationship

ABSTRACT

A 3-year longitudinal study of children at risk for depression was completed, studying children (aged 8-16) of unipolar depressed, bipolar, chronically medically ill, and normal women. Nearly 100 children from 68 families were included, and the psychiatric status and functioning of the mothers and children were studied at 6-month intervals. Mothers and children were observed discussing an area of disagreement. Observations showed that unipolar women were the most negative and withdrawn; children's outcomes were specific to the communication dimension; and depressed mood was most strongly associated with withdrawal and poor task focus. Observations indicated a reciprocity of dysfunctional interactions in the family. Children's utterances showed criticism directed toward depressed mothers. Depressed mothers were specifically negative toward children with difficulties. A unique between-sibling sample of children where one was doing well and the other was not, indicated that mothers interacted differently with each. Difficulties in the quality of the mother-child relationship, and also the impact of each other's difficulties on the other, caused symptomatology. It was concluded that maternal background factors such as personal experiences in her family, current mood and stress situations, and child's own behavior, all contributed to the quality of the interaction. Further study is needed to understand maternal depressive behavior and the impact on the child. (BHK)

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SRCD Symposium: Family Relations and Mood Disorders in Children

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Mother-Child Interactions in Families of Depressed Women

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A 3-year longitudinal study of children at risk for depression has recently been completed, studying 8-16 year-old children of unipolar depressed, bipolar, chronically medically ill, and normal women. Nearly 100 children from 68 families were included, and the psychiatric status and functioning of the mothers and children were studied at 6-month intervals. The original battery included observations of the mothers and their children discussing an area of disagreement, and data from the Conflict Discussion task are the basis of this talk. [Citations for articles are listed in the Appendix]. I will discuss data concerning 3 topics:

1. Information about the communication behaviors of the mothers
2. Reciprocity of mother-child relationship problems
3. Family relations as stressors contributing to symptoms

In the course of discussing these topics, there are 3 themes that I want to emphasize: SPECIFICITY, CONTEXT, PERPETUATION (Slide 1)

Communication dysfunction in depressed women.

a). Unipolar women are the most negative and withdrawn GROUP MEANS ON CONFLICT TASK (Slide 2, Gordon et al., 1988)

b). Children's outcomes are specific to the communication dimension (balance of positive/negative is associated with negative self concept, diagnoses of depression, school behavior, academic performance. Task productivity is associated especially with school behavior) CHILD OUTCOMES AT 6 MOS (Slide 3, Burge & Hammen, 1991).

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c). Specific predictors of maternal dimensions. Depression is

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multifaceted, involving irritability and negative cognitions, withdrawal and unresponsiveness, and others. It appears from regression analyses (Burge & Hammen, 1991) that depressed mood is most strongly associated with withdrawal and poor task focus, while chronic stress is especially associated with negativism and criticism by the mothers.

Reciprocity of dysfunctional interactions in the family

Mothers' interaction difficulties are not a one-way street. There are several indicators of mutuality of negativism:

a). children's utterances show a lot of criticism directed toward depressed mothers.

b). depressed women are not indiscriminantly negative; they are specifically negative toward their children who have difficulties, and accurately perceive the child's problems compared to nondepressed women. CONRAD FIGURE (Slide 4, Conrad & Hammen, 1989).

c). a unique between-sibling sample of kids where one is doing well and the other one not, indicating that their mothers actually interacted differently with them. SIBLING COMPARISONS (Slide 5, Anderson & Hammen).

Thus, the patterns are consistent less with global impairment by depressed women than by a reciprocal system in which maternal depression, negative interactions, and child dysfunction contribute to each other.

Family relations as stressors.

Difficulties in the quality of the mother-child relationship, and also the impact of each other's difficulties on the other, cause symptomatology.

a). The timing of episodes across the longitudinal time period indicates signficant temporal associations of mother & child disorders in general, and major depression in particular (Hammen, Adrian, & Burge, 1991).

b). Additionally, maternal symptoms act as a stressor predicting children's

subsequent depression, as do children's own stressful life events. However, the most potent predictor of children's depression status over time is the interaction of maternal symptoms and child stressors. STRESS BUFFERING (Slide 6, Hammen, Adrian, & Burge, 1991).

c). The collection of enormous amounts of data on stressful life events of both mothers and children indicate a stress generation effect: both have significantly higher rates of stressors of an interpersonal kind, of which they are partly the cause (see Hammen, in press).

Conclusions

Need further work to understand what kinds of maternal depressive behaviors have what kinds of impacts on areas of children's functioning--social, cognitive, self, etc. Also, what is specific to depressed women? What maternal relationship qualities might be specific predictors of depression in kids?

Context cannot be ignored: maternal background factors such as her own experiences in her family, her current mood and stress situations, and the child's own behaviors, all contribute to the quality of the interaction. Such diverse variables make our work enormously complex, but otherwise the study of simple variables may provide misleading results.

Finally, the qualities and characteristics we observed need to be studied further to learn more about the ways in which mothers and children both cause stressors that in turn contribute to their further symptomatology. The social and interpersonal functioning of depressed persons is an area of apparent vulnerability, warranting further study.

Articles from the UCLA Family Stress Project on
Children at Risk for Affective Disorders

Hammen, C., Gordon, D., Burge, D., Adrian, C., Jaenicke, C., & Hiroto, D. (1987). Maternal affective disorders, illness, and stress: Risk for children's psychopathology. American Journal of Psychiatry, 144, 736-741.

Zupan, B., Hammen, C., & Jaenicke, C. (1987). The effects of current mood and prior depressive history on self-schematic processing in children. Journal of Experimental Child Psychology, 43, 149-158.

Hammen, C., Gordon, D. Burge, D., Adrian, C., Jaenicke, C., & Hiroto, D. (1987). Communication patterns of mothers with affective disorders and their relationship to children's status and social functioning. In K. Hahlweg and M. Goldstein (Eds.), Understanding major mental disorders: The contributions of family interaction research. New York: Family Process Press.

Hammen, C., Adrian, C., Gordon, D., Burge, D., Jaenicke, C., & Hiroto, D. (1987). Children of depressed mothers: Maternal strain and symptom predictors of dysfunction. Journal of Abnormal Psychology, 96, 190-198.

Jaenicke, C., Hammen, C., Zupan, B., Hiroto, D., Gordon, D., Adrian, C., & Burge, D. (1987). Cognitive vulnerability in children at risk for depression. Journal of Abnormal Child Psychology, 15, 559-572.

Hammen, C., Adrian, C., & Hiroto, D. (1988). A longitudinal test of the attributional vulnerability model in children at risk for depression. British Journal of Clinical Psychology, 27, 37-46.

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Hammen, C., Burge, D., & Stansbury, K. (1990). Relationship of mother and child variables to child outcomes in a high risk sample: A causal modeling analysis. Developmental Psychology, 26, pp. 24-30.

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women with their children. American Journal of Psychiatry, 146, 50-55.

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Hammen, C., Burge, D., Burney, E., & Adrian, C. (1990). Longitudinal study of diagnoses in children of women with unipolar and bipolar affective disorder. Archives of General Psychiatry, 47, 1112-1117.

Burge, D., & Hammen, C. (1991). Maternal communication: A predictor of children's outcomes at follow-up in a high risk sample. Journal of Abnormal Psychology, 100, 174-180.

Anderson, C. & Hammen, C. (1991). Psychosocial outcomes of children of unipolar depressed, bipolar, medically ill, and normal women: A longtidudinal study. Manuscript under review.

Hammen, C., Burge, D., & Adrian, C. (1991). The relationship between mother and child episodes in a longitudinal study of risk for depression. Journal of Consulting and Clinical Psychology, 59, 341-345.

Hammen, C. (1991). Depression runs in families: The social context of risk and resilience in children of depressed mothers. New York: Springer-Verlag.

Hammen, C. (in press). The generation of stress in the course of unipolar depression. Journal of Abnormal Psychology.

Family Communications
Issues to Emphasize

- Specificity
  - maternal behavior
  - child outcome
- Context
  - maternal background
  - current stress and circumstances
  - child qualities
- Perpetuation of Distress
  - mother-child reciprocity
  - mutual stressors/low support

UCLA Family Stress Project
Conflict Discussion Task

	Unipolar	Bipolar	Medical	Normal
Produc	.26	.45	.37	.42
Off-task	.21	.00	.08	.08
Positive	.05	.09	.11	.10
Negative	.16	.09	.06	.03

Table 4: Hierarchical Regression Analyses to Predict Children's Outcomes at Six Months

Variable	Incremental R^2 when entered last		Overall R^2
	Positivity	Task productivity	
Affective diagnosis	.08**	.05*	.20**
	$F(2, 55) = 6.88$, $p < .01$.		
Nonaffective diagnosis	.04*	.00	.06
	$F(2, 55) = 1.87$, $p > .05$.		
School behavior rating	.07**	.08**	.24**
	$F(2, 55) = 8.70$, $p < .001$.		
Academic performance rating	.09**	.04	.16**
	$F(2, 55) = 6.25$, $p < .01$.		

* = $p > .05 < .10$.

** = $p < .05$.

From "Maternal Communication: A Predictor of Outcomes at Follow-Up in a Sample of Children at Risk for Depression" by D. Burge and C. Hammen, unpublished.

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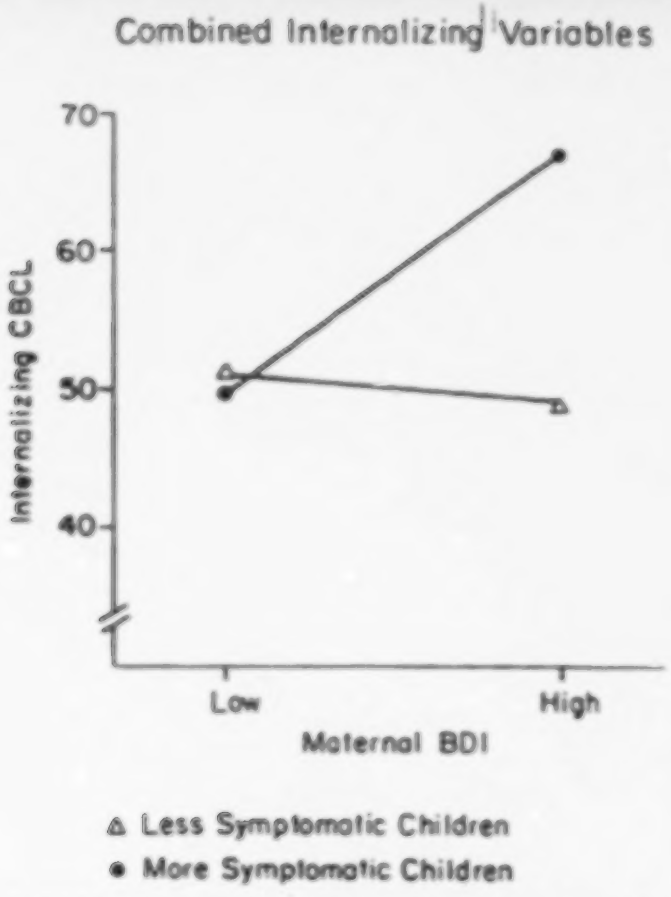

Figure 1. Maternal perceptions of child internalizing disorder as a function of maternal depression and symptomatology of the child. ("More symptomatic" children refers to those scoring above the median on a composite score of the Children's Depression Inventory and diagnoses of internalizing disorders. CBCL = Child Behavior Checklist. BDI = Beck Depression Inventory.)

From "Role of Maternal Depression in Perceptions of Child Maladjustment" by M. Conrad and C. Hammen, 1989, Journal of Consulting and Clinical Psychology, 57, p. 665. Reprinted by permission.

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Within-Family Comparisons

Mother-Sibling Interactions

	Diagnosed Sib	Well Sib	Control
Positivity	-.20	-.09	-.03
Negative Comments (proportion)	.26	.16	.09